



GUIDELINE 2b

Skin Infections in Wrestling

July 1981 • Revised June 2003

Data from the NCAA Injury Surveillance System (ISS) indicate that skin infections are associated with at least 15 percent of the practice time-loss injuries in wrestling. It is recommended that qualified personnel examine the skin over the entire body, and the hair of the scalp and pubic areas of all wrestlers before any participation in the sport.

Open wounds and infectious skin conditions that cannot be adequately protected to prevent their exposure to others should be considered cause for medical disqualification from practice or competition.

Categories of skin conditions and examples include:

1. Bacterial skin infections
 - a. impetigo;
 - b. erysipelas;
 - c. carbuncle;
 - d. staphylococcal disease;
 - e. folliculitis (generalized);
 - f. hidradenitis suppurativa;
2. Parasitic skin infections
 - a. pediculosis;
 - b. scabies;
3. Viral skin infections
 - a. herpes simplex;
 - b. herpes zoster (chicken pox);
 - c. molluscum contagiosum; and

4. Fungal skin infections—tinea corporis (ringworm).

Note: Current knowledge indicates that many fungal infections are easily transmitted by skin-to-skin contact. In most cases, these skin conditions can be covered with a securely attached bandage or nonpermeable patch to allow participation.

Besides identification of infected individuals and their prompt treatment, prevention can be aided

through proper routine cleaning of all equipment, including mats and shared common areas, such as locker rooms.

This guideline is intended for general information only. Team physicians, athletic trainers, coaches and others who work directly with wrestling should refer to the current year's NCAA Wrestling Rules Book or Wrestling Championships Handbook for rules regarding specific skin infections.

References

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